

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005062

1. Entity Name

UNITED WOMEN FOR CHRIST MINISTRIES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90017 047 \*\*\*\*70.00

Principal Place of Business

9124 SUMMIT CENTRE WAY. #9307  
ORLANDO FL 32810

Mailing Address

9124 SUMMIT CENTRE WAY. #9307  
ORLANDO FL 32795-3921

2. Principal Place of Business

581 Sabal Lake Dr  
Suite, Apt. #, etc.  
#203

3. Mailing Address

P.O. Box 953921

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood FL

City & State

Lake Mary, FL

4. FEI Number

59-3595693

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32795-3921

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILA, MARIE  
9124 SUMMIT CENTRE WAY, #9307  
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

581 SABAL LAKE DR  
#203

City

Longwood

FL

Zip Code

32779

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Marie Vila*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILA, MARIE	
STREET ADDRESS	3368 GRAY FOX COVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROE, JULIE	
STREET ADDRESS	152 STEEPLECHASE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORAN, SANDY	
STREET ADDRESS	928 CAITLIN POINT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, MARY	
STREET ADDRESS	453 COUNTRYWOOD CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOZA-EVANS, NILDA	
STREET ADDRESS	210 CANTER CLUB TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLESTER, FANNIE	
STREET ADDRESS	210 CANTER CLUB TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	581 Sabal Lake Dr #203	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandy Moran* RECD SANDY MORAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00 407-302-3333

Date

Daytime Phone #

CR2E037 (9/99)